



FAITH SPOTTED EAGLE FOR CHANGE
PO BOX 762
LAKE ANDES, SD 57358

1017

78-945/914

Pay to the
order of

Genevieve Vaughan

\$ 228.80

Two-hundred twenty-eight

DOLLARS

and 80

ANDES STATE BANK

THE HUB OF THE RANDALL - LAKE AREA

LAKE ANDES, SOUTH DAKOTA

FAITH SPOTTED EAGLE

FOR

Returned Contribution

Faith Spotted Eagle

0914094581 86 529 1017

To: Chris Nelson, Secretary of State
From: FAITH SPOTTED EAGLE

RECEIVED

SEP 08 2006

S.D. SEC. OF STATE

↑ attached are.

① copies of re-imbbursement to non-allowed
contribution (ck + money order sent).

② copies of request for info sent to
contributors which I will

forward upon receiving

Faith Spotted Eagle

(# some
are recorded
w/ please
employment)

Filed this

8th

day of

September 06

Chris Nelson

SECRETARY OF STATE



CUSTOMER'S RECEIPT

KEEP THIS
RECEIPT FOR
YOUR RECORDS

PAY TO

ADDRESS

C. O. D. OR
USED FOR

Genevieve Vaughan Agency
P.O. Box 2950
San Antonio, Texas
78299-2950

SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATION

NOT
NEGOTIABLE

09995463685

2006-09-06

573580

\$ 21.20

0001

Name of Candidate or Committee:

Smith Spotted Eagle for Change

For the reporting period ending:

Sept 7, 2006**Summary Page**

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period:

\$ 100.00

2. Receipts

Schedule A - Direct Contributions

\$ 3600.45

Schedule B - Fund-Raising Events

\$

Schedule C - In Kind Contributions

\$

Schedule D - Other Income

\$

Total of all Receipts

\$ 3600.45

3. Total Monetary Receipts (A+B+D)

\$

4. Candidate's Personal Contribution to Own Campaign

\$

5. Monetary Loans to Candidate or Committee During Reporting Period

\$

6. Monetary Loans Repaid During Reporting Period

\$

7. Expenditures - Schedule E

\$ 3279.65

8. Unpaid Obligations - Schedule F

\$ 100.00

9. Amount on hand at the close of this reporting period. *

This should equal lines (1+3+4+5) - (6+7)

\$ 228.80

ck# 1017 to
Genevieve Vaughan
Agency
(retained contribution)

\$ 228.80\$ 00.00

**MEMORANDUM TO CONTRIBUTORS OF CAMPAIGN
FOR :
FAITH SPOTTED EAGLE FOR CHANGE**

My dear contributors:

Although I did not win my campaign, I still must submit a report on campaign finances of course to the State of South Dakota.

Therefore, the purpose of this memo is to request that you let me know your status of employment, that is: who is your employer?

Can you fill out the following form for me and return to my address as soon as possible:

NAME Temma Kaplan

ADDRESS 13 Sanford St. 732-296-1047

New Brunswick, New Jersey 08901

EMPLOYER NAME AND ADDRESS

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

Can you send to my address ASAP, as I must complete my campaign finances report as soon as possible:

Faith Spotted Eagle
Box 667, Lake Andes, SD 57356
My cell is # is 605-481-0416 if you have questions.

THANK YOU SO MUCH!!!!

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NAME Barbara A. Macintyre

ADDRESS 102 River St.

Bennington, VT 05201

EMPLOYER NAME AND ADDRESS

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ARE YOU RETIRED? Yes _____ No _____

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NAME Ronald D. Adler MD / Patricia Adler
ADDRESS 2904 Avalon Ave
Berkeley, Ca. 94705-140

EMPLOYER NAME AND ADDRESS

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME Joan Schrammeck 360-381-9589

ADDRESS ~~1067~~ 1067 Scenic Ave.

Camano Island, WA. 98282

EMPLOYER NAME AND ADDRESS

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME

Dianne Lynn Post

ADDRESS

1826 E. Willetta St.

Phoenix, Az. 85006 - 3047

EMPLOYER NAME AND ADDRESS

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ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME KATHA POLLITT
ADDRESS 317 West 93rd St. Apt-4A
New York, N.Y. 10025-7236
EMPLOYER NAME AND ADDRESS

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME Steve Schwartz

ADDRESS P.O. Bx 677549

Orlando, FL. 32867-7549

EMPLOYER NAME AND ADDRESS

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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NAME Ann Koch Schonberger

ADDRESS 40 Garland St.

Bangor, ME 04401

EMPLOYER NAME AND ADDRESS

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ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME Cheryl Wilfong
ADDRESS 314 Partridge Rd.
E. Dummerston, Vt. 05346

EMPLOYER NAME AND ADDRESS

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME D.A. & C.C. Brechtelsbauer
ADDRESS 2900 Poplar Drive
Sioux Falls, S.D. 57105

EMPLOYER NAME AND ADDRESS

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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NAME Scott York, Alix KATES Shulman

ADDRESS 161 W. 15th Apt 4H

New York, NY 10011

EMPLOYER NAME AND ADDRESS

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME Alfred H. Schwendtner

ADDRESS 215 Park Row 16a

Retired

EMPLOYER NAME AND ADDRESS

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME Mary Wynne

ADDRESS 3561 S. Tumbleweed, Ct
Chandler, Az. 85248-4493

EMPLOYER NAME AND ADDRESS

Self-employed lawyer at above
address

ARE YOU SELF-EMPLOYED? Yes ☒ No ☐

ARE YOU RETIRED? Yes ☐ No ☐

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NAME Richard J. Chevat

ADDRESS 66 Beverly Rd.

Montclair, NJ 07043-2403

EMPLOYER NAME AND ADDRESS

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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NAME Samuel A. Schaff, Suzanne Schaff
ADDRESS 5003 SW Alaska St.
Seattle, Wa. 98116-4045

EMPLOYER NAME AND ADDRESS

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ARE YOU RETIRED? Yes _____ No _____

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NAME Michael Schwalbe
ADDRESS 605 Long Leaf Dr. 929-4003
Chapel Hill, NC 27517

EMPLOYER NAME AND ADDRESS

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME Patricia M. Graft 05-99

ADDRESS 208 Harding Rd.
Paris, TN 38242

EMPLOYER NAME AND ADDRESS

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME Catherine Dunlap
ADDRESS 220 W. Calle Montana Jack
Green Valley, AZ. 85614

EMPLOYER NAME AND ADDRESS

Retired nurse

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes ✓ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME

Suzan Shown Harjo

ADDRESS

611 Pennsylvania Ave SE.
Wash. D.C. 20003

EMPLOYER NAME AND ADDRESS

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ARE YOU RETIRED? Yes _____ No _____

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NAME Fred Lewis

ADDRESS P.O. Box 1626
Mc. Shasta, Ca 96067-1626

EMPLOYER NAME AND ADDRESS

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ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME

Eliot Gray Fisher

ADDRESS

2013 Calle Lejano
Santa Fe, N. Mex. 87501

EMPLOYER NAME AND ADDRESS

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ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME Beatrice Siegel
ADDRESS 60 Riverside Dr.
New York, N.Y. 10024
EMPLOYER NAME AND ADDRESS

x

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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NAME Marta Drury

ADDRESS P.O. Bx 3070

Half Moon Bay, Ca. 94019

EMPLOYER NAME AND ADDRESS

x self-employed investor

ARE YOU SELF-EMPLOYED? Yes ☒ No ☐

ARE YOU RETIRED? Yes ☐ No ☐

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Can you fill out the following form for me and return to my address as soon as possible:

NAME Scott T. Clay - Poole

NAME Teri J. Clay - Poole

ADDRESS WDL CLAY PSP 501 JD

EMPLOYER NAME AND ADDRESS

X _____

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME Paul M. Connelly

ADDRESS P.O. Bx 290

OAKham, MA. 01068

EMPLOYER NAME AND ADDRESS

X _____

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ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME

Catherine Raphael

ADDRESS

5700 Bartlett St.

Pittsburgh, PA 15217-1516

EMPLOYER NAME AND ADDRESS

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ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME Carroll Jackson

ADDRESS 8655 Renton Ave. So.
Seattle, Wa. 98118

EMPLOYER NAME AND ADDRESS

X

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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Can you fill out the following form for me and return to my address as soon as possible:

NAME Marcena W. Love

ADDRESS 1175 Pelham, Rd.

Winnetka, IL 60093

EMPLOYER NAME AND ADDRESS

X

ARE YOU SELF-EMPLOYED? Yes _____ No _____

ARE YOU RETIRED? Yes _____ No _____

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State of South Dakota

Candidate's or Committee's Report of Receipts and Expenditures

RECEIVED

JUL 11 2006

S.D. SEC. OF STATE

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
500 E Capitol Ave., Pierre, SD 57501-5070

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee

FAITH SPOTTED Eagle

Complete Mailing Address

500 Union Bx 667 Lake Andes, SD 57236

Name of Person Making Report

FAITH Spotted Eagle

Daytime Phone Number

605-481-0416

If you are a candidate, what office are you seeking?

State Rep. for Dist # 21

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book)

For Reporting Period Ending (See pages 4 & 5 of Guideline Book)

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

I FAITH SPOTTED Eagle (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date:

July 3, 2006

Candidate Signature or

Signature of Committee Treasurer or Chairperson

Faith Spotted Eagle

Faith Spotted Eagle
Feb 2006

For the reporting period ending

July 3, 2006

Schedule A – Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from Individuals:

*§

Itemized Contributions from Individuals

[illegible]

\$	250
\$	20
\$	20
\$	25
\$	25
\$	100
\$	50
\$	15
\$	25
\$	50
\$	250
\$	100
\$	200
\$	100
\$	25
\$	20
\$	250
\$	65
\$	100
\$	100
\$	75
\$	10
\$	100
\$	30
\$	50
\$	100
\$	10
\$	75
\$	20
\$	20
\$	75
\$	3.45
\$	2358.45

Total of Itemized Contributions from Individuals:* $\$$

For the reporting period ending:

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. **All contributions to candidates and committees must be listed individually.**

[illegible]**Total Expenditures:**

3279.65

Name of Candidate or Committee: _____

For the reporting period ending: _____

Schedule B - Fund-Raising Events Proceeds

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds

Total: _____

Schedule C - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value

Total: _____

Schedule D - Other Income

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount

Total: _____

Schedule A – Direct Contributions (continued)

*\$

Party Name	Address	57709-
Democrat in Action	P.O. Box 123 Rapid City, SD. 0123	
Women Rep SD.	P.O. Box 2783, Minn. 55402	

*\$ 1250 or

[illegible]

*\$ 3608.45

\$ 3608.45

Name of Candidate or Committee: _____

For the reporting period ending: _____

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period: \$ 0

2. Receipts

Schedule A - Direct Contributions

\$ 3608.45

Schedule B - Fund-Raising Events

\$ _____

Schedule C - In Kind Contributions

\$ 2

Schedule D - Other Income

\$ _____

Total of all Receipts

\$ 3279.65

3. Total Monetary Receipts (A+B+D)

\$ _____

4. Candidate's Personal Contribution to Own Campaign

\$ _____

5. Monetary Loans to Candidate or Committee During Reporting Period

\$ _____

6. Monetary Loans Repaid During Reporting Period

\$ _____

✓ 7. Expenditures - Schedule E

\$ 3279.65

8. Unpaid Obligations - Schedule F

\$ 100.009. Amount on hand at the close of this reporting period. *
This should equal lines (1+3+4+5) - (6+7)\$ 228.80

- see corrected
summary page
on September 8th
submission

Check from Laura
Ross is

being retrieved
for \$250

deposited on

April 25, 2006